

24 MONTH EXPIRED MEMBERS

Date Requested _____

Send request to Kathy Vullis, NAS, 700 Broadway, NY NY 10003, fax: 212-353-0190

Name:	_____
Address:	_____

Telephone:	_____
Email Address:	_____

Chapter Name:	_____
Chapter Code:	_____

Select one type of label

- PRESSURE SENSITIVE LABELS
- CHESHIRE LABELS

Note: Labels are in alpha within zipcode order. Chapter code and expire will be printed.

Labels will be sent via First Class Mail

- ELABELS
Elabels will be sent to the email address above unless otherwise instructed

SPECIAL INSTRUCTIONS: _____ _____ _____

The following is for NAS and EDS office use only:

NAS SELECTION CRITERIA

EDS SELECTION CRITERIA

1. Select only those members who were assigned to the chapter.
2. Select 24 month expire back.
3. Select all type promotions.

- Pfile + 5 as above.
- Exclude once. Pdst 2-5.
12 issues back from current expire.
Typeprm null

Note: Do not code for trlrsc or source since all members in the chapter above are to be pulled.

Number of records selected: _____